MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007863

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Conditions if any Due to (b) Due to (c) Due to (c		무	╂┷┼	+-	-		NAME OF DEPENDED.
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Department Dep		7					Pemiscot Memorial Hospital Hayti
INMEDIATE CAUSE (a) 12 -0 20 0 0 0 0 0 0 0 0		₹			둗		18. CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
DUE TO (b) 13 / -0 15 15 15 15 15 15 15 1		ے ایک	1		¥		IMMEDIATE CAUSE (a) LORCUMUA DUNC: 4 Me
which gave rise to above cause (d), stating five under-lying cause (a), stating five under-lying cause	11	징잉			16 1		
NO SEATH DUE TO (c) Season Season	10 /	Ž Ķ			12		
PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO EATH but not related to the terminal PART III. If decased was female was there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO EATH but not related to the terminal PART III. If decased was female was there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO EATH but not related to the terminal PART III. III. III. III. III. III. III. II		ST TS	1 1		1		
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21. I strended the decessed from Death occurred at Death occurred			1				204 INITIPY OCCUPRED 20e, PLACE OF INJURY (8.9., In 5) about ficine, 201. CTT, TOTAL, OK LOCATION
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REMOVAL (Specify) 2/9/63 Little Prairie Caruthersville, Mo. Burial 24. FUNERAL DIRECTOR ADDRESS LaForge Untkg Co Caruthersville, Mo. 2/9/63 Little Prairie Caruthersville, Mo. 25. DATE RECD. BY LOCAL REG. 26. Programs Signature LaForge Untkg Co Caruthersville, Mo. 2-/2-63	-	N.			5	╽┈	PRINCIPLE CREMATION 1236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or punty) (Staty)
LaForge Untky Co Caruthersville, Mo. 2-12-63 Charlotte E. Sloan		O	\sqcap	٠.	 ≙		REMOVAL (Specify) Caruthers Ville, Mo.
LaForge Untky Co Caruthersville, Mo. 2-12-63 Charlotte E. Sloan	}	Ž	$ \ $			Ď	UP181 2/9/00 ID10 UP181 PER DATE OFFI OF THE PROPERTY SECRETARY SECRETARY SECRETARY
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If embalmed by a STUDENT, he also shall sign in his OWN handwriting. . . . If ithis body is not embalmed, fact should be so stated above.

with the above constitutes grounds for revocation of license).

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete

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